



## UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA; et seq.

Plaintiff (Petitioner)

CASE and/or DOCKET No.:

Sheriff's Sale Date: \_\_\_\_\_

V.

FREDERICK M. ROCK, ET AL,

Defendant (Respondent)

AFFIDAVIT OF SERVICE

## TYPE OF PROCESS: ORDER, SUMMONS AND COMPLAINT

I, D'WAYNE HENRIKSSON, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party , and that I served FREDERICK M. ROCK the above process on the 24 day of May, 2018, at 1:15 o'clock, PM, at 7 LETCHWORTH AVE YARDLEY, PA 19067 , County of Bucks, Commonwealth of Pennsylvania;

## Manner of Service:

By posting a copy of the original process on the most public part of the property pursuant to an order of court

Service was attempted on the following dates/times:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Commonwealth/State of Pa ) SS:  
County of Bucks )

Before me, the undersigned notary public, this day, personally, appeared Dwayne Henriksson to me known, who being duly sworn according to law, deposes the following:

I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service are true and correct.

(Signature of Affiant)

File Number:USA-164779

Case ID #:5199079

Subscribed and sworn to before me  
this 29 day of May, 20 18.

Notary Public

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Eric M. Afflerbach, Notary Public  
Washington Twp, Berks County  
My commission expires November 18, 2021



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v.

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AFFIDAVIT OF SERVICE

## TYPE OF PROCESS: ORDER, SUMMONS AND COMPLAINT

I, D'WAYNE HENRIKSSON, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party, and that I served FREDERICK M. ROCK the above process on the 24 day of May, 2018, at 1:43 o'clock, PM, at 3 Almond Lane Levittown., PA 19055, County of Bucks, Commonwealth of Pennsylvania:

## Manner of Service:

By posting a copy of the original process on the most public part of the property pursuant to an order of court

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1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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USPS Manifest Mailing System

USA - BA

Page 1

Mailer's Name & Address KML Law Group 701 Market Street Suite 5000 Philadelphia, PA 19106	Permit Number 123	MAC Ver. Number ConnectShip Progistics 6.5					
	Sequence Number 7683-1	Class of Mail Mixed					
Article #/ Piece ID	Addressee Name Delivery Address	ES Type	Postage	ES Fee	Insurance Amount	Due/ Sender	Total Charge
9171999991703830405341	ROCK, FREDERICK M. 3 Almond Lane Levittown, PA 19055		1.145				6.00
9171999991703830405341		ERR C		1.40 3.45			
9171999991703830405358	ROCK, FREDERICK M. 7 Letchworth Ave. Yardley, PA 19067		1.145				6.00
9171999991703830405358		ERR C		1.40 3.45			
Page Totals	2		2.29	9.70			11.99
Cumulative Totals	2		2.29	9.70			11.99

## USPS CERTIFICATION

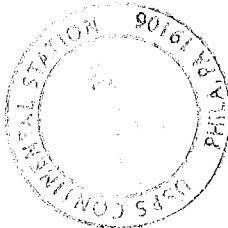
Total Number Of Pieces Received \_\_\_\_\_

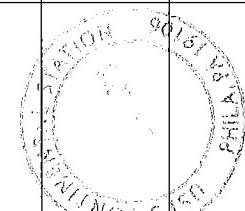
Round Stamp \_\_\_\_\_

Signature of Receiving Employee

PS Form 3877 (Facsimile)

Extra Service Codes:

C Certified  
ERR Return Receipt

Name and Address of Sender <b>KML LAW GROUP, P.C.</b> SUITE 5000 171 MARKET STREET PHILADELPHIA, PA 19106-1532		Check type of mail or service: <input type="checkbox"/> Certified <input type="checkbox"/> Recorded Delivery (International) <input type="checkbox"/> COD <input type="checkbox"/> Registered <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured		Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt	
Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered
1.	ROCK, FREDERICK M. 3 Almond Lane Levittown, PA 19055				
2.	ROCK, FREDERICK M. 7 Letchworth Ave. Yardley, PA 19067				
3.					
4.					
5.					
6.					
7.					
8.					
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)  			

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

PCO - D. August 2018